



# American Osteopathic College of Occupational and Preventive Medicine

LMU-DCOM Box 1661

6965 Cumberland Gap Parkway

Harrigate, TN 37752

(800) 558-8686 Fax: (888) 932-3535

Email : Jeffrey@aocopm.org

## 2017 Member Invoice

<b>Member Information</b>
Name: _____
Preferred Mailing address: _____
_____
_____

<b>Date</b>	<b>AOA #</b>

Item	Membership Category	Amount Due
<b>2017 AOCOPM Membership Dues</b>	<input type="checkbox"/> Active Member \$300	\$ _____
	<input type="checkbox"/> Emeritus/Retired Member \$100	
	<input type="checkbox"/> Military (Active Duty) \$225	
	<input type="checkbox"/> Resident \$100	
	<input type="checkbox"/> Associate \$225	
	<input type="checkbox"/> Student Gratis	

<b>Please consider an additional contribution of:</b>	Indicate which of the following focus areas that you wish your contribution to support:
<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> other amount _____	<input type="checkbox"/> General Operating Fund <input type="checkbox"/> Membership Growth and Retention <input type="checkbox"/> Continuing Education Program and Test-Bank Development <input type="checkbox"/> Scholarship Fund for Osteopathic Medical Students <input type="checkbox"/> Other _____

*AOCOPM is a 501(c)(3) educational organization. Membership dues are generally deductible as an ordinary business expense. Additional individual contributions that are freely given for the tax exempt purpose of the organization are deductible as a charitable gift. Please consult your tax advisor.*

**PAYMENT BY CHECK** to AOCOPM; Check # \_\_\_\_\_ **TOTAL ENCLOSED \$** \_\_\_\_\_

**PAYMENT BY CREDIT CARD:**     VISA     MC     DISCOVER     AMEX  
 CARD # \_\_\_\_\_ EXP DATE (MM/YY) \_\_\_\_/\_\_\_\_ SECURITYCODE \_\_\_\_\_

**Check here to auto-renew on an annual basis using your above credit card information.**  
 NAME ON CARD \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_  
 BILLING CITY, STATE, ZIP \_\_\_\_\_

**Mail to:**  
 LMU-DCOM Box 1661  
 6965 Cumberland Gap Parkway  
 Harrigate, TN 37752                      **800-558-8686**

or fax to 888-932-3535, or pay at our secure online site: [www.aocopm.org](http://www.aocopm.org)



# Database Update Form Dues Year 2017

Please return to: **AOCOPM**  
**LMU-DCOM Box 1661**  
**6965 Cumberland Gap Parkway**  
**Harrigate, TN 37752**  
*or Fax to (888) 932-3535*

**Name:** \_\_\_\_\_

**Preferred Mailing Address:**  Home or  Office

**Home Address	Office Address	Please volunteer for the following AOCOPM committees:
_____ _____ _____ _____ _____	_____ _____ _____ _____	

Phone Information:

Office Phone:	( ) ( )
Fax:	( ) ( )
**Home Phone:	( ) ( )
**Mobile:	( ) ( )

E-mail address: \_\_\_\_\_

AOA Number: \_\_\_\_\_

AOCOPM Divisional Preference:

- (AM) Aerospace Medicine, includes Hyperbaric Medicine
- (OM) Occupational Medicine, includes Disability Impairment
- (PH) Public Health/ Preventive Medicine, includes Correctional Medicine

Primary Specialty: \_\_\_\_\_

Board Certification(s): \_\_\_\_\_

**\*\*Home fields and cell numbers will not be shared with the public**

**Return to: AOCOPM**  
**LMU-DCOM Box 1661**  
**6965 Cumberland Gap Parkway**  
**Harrigate, TN 37752**

**or fax to: (888) 932-3535**